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APPLICANTS

Thomas D. Kelly, Tampa, FL;

Waleed M. El Sayyid, Odessa, FL;

** CONTINUING DATA *****

none
none 1 Mar 04

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/29/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature Initials	FL	5	98	9

ADDRESS

29200
 BAXTER HEALTHCARE CORPORATION
 1 BAXTER PARKWAY
 DF2-2E
 DEERFIELD , IL
 60015

TITLE

Medical fluid therapy flow control systems and methods

FILING FEE RECEIVED 2690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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